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C.A.T.C.H. Committee

2004 Ottawa County Comprehensive Countywide Heart Disease Prevention Plan

The C.A.T.C.H. Committee is made up of representatives from the Extension Office, Health Department, Health Planning Commission, and the Wellness Center. C.A.T.C.H. stands for Collaborative Actions to Change Health.

Working together to improve the health of people in Ottawa County



Ottawa County Comprehensive Countywide Heart Disease Prevention Plan

Goal

Improve the health of people living in Ottawa County by enhancing countywide disease-prevention services.

Health Concern

Based on our community health assessment, heart disease is the top health problem in Ottawa County. Heart disease includes health problems such as heart attacks and atherosclerosis. The Centers for Disease Control and Prevention includes high blood pressure, high blood cholesterol, tobacco use, physical inactivity, poor nutrition, overweight/obesity, and diabetes as the known, controllable risk factors for heart disease.

County data and community opinion indicate that heart disease is a major problem in Ottawa County. Heart disease is the leading cause of death in our county, our age-adjusted death rate due to heart disease is higher than the state's rate (396 Ottawa County age-adjusted rate; 328 Kansas age-adjusted rate). And a high percentage of our population have high blood pressure, diabetes mellitus, and a sedentary lifestyle. In addition, our community opinion data indicates that one-half of our community believes that heart disease is our number one health problem.

Community Health Assessment

Process

The Ottawa County Health Planning Commission, Inc. (OCHPC) was the lead agency in conducting a community health assessment for Ottawa County. We compiled community data and information, facilitated a planning meeting of health agency directors, and produced this report, which includes a countywide, comprehensive plan.

The community data is described in more detail in the next section entitled Data Compiled and Reviewed.

We invited the directors of organizations and programs that currently do disease prevention work in the county to a working meeting in July 2003. The participants included the county health department administrator, the county hospital administrator, the wellness center director, the family and consumer science Extension agent, and the school nurses for the two school districts in the county. We organized a working meeting where participants reviewed community data, identified the top health concerns among people living in Ottawa County, and participants brainstormed and prioritized intervention strategies. Also at this planning

meeting, the agency and program directors realized their interest in integrating the system of disease prevention services, i.e. figure out how they can work together better. Copies of the meeting materials, minutes, and summary report are attached.

Based on the outcomes of the working meeting, we drafted a comprehensive, countywide heart disease prevention plan. The draft plan included health behavior objectives, intervention objectives, and what we called system objectives. The intervention and system objectives also included strategies or action steps, which provide more detail on how the objective will be achieved.

In November 2003, the draft plan was presented to the same group of leaders convened in July 2003. The purpose of the November meeting was to finalize the draft plan. The OCHPC staff described how they took results of the July 2003 meeting and converted that to a plan. Then the group reviewed the objectives, edited and modified and finally approved every objective and the strategies and action steps in the plan.

This document includes the final plan approved by directors of organizations and programs that currently do disease prevention work in the county including the health department administrator, hospital administrator, wellness center director, food and nutrition extension agent, and a school nurse.

To build community awareness and create ownership of the plan and its activities, throughout 2004 we will solicit input from community leaders. We will meet with county commissioners, city commissioners, the health department advisory board, the hospital board, school boards, the Ministerial Association, physicians, and Extension advisory board.

We do not anticipate much, if any, opposition to the plan and its contents. Based on experiences to date we know we will struggle with getting community people to participate in some of the activities. However, with our multi-agency, comprehensive effort and our intent to involve people in planning and implementing the interventions we hope to increase participation over time.

Simultaneously throughout the process of conducting the community health assessment and developing the plan, people have been implementing the plan. This is normal, and the plan is written in a way to accommodate this fact.

The Plan

This report includes the comprehensive, countywide heart disease prevention plan for Ottawa County. The plan is designed to serve as a blueprint for program planning by any agency working on heart disease prevention. An agency could pull any single objective or a group of objectives and choose to focus on those during the year. We hope that agencies will begin working and planning together.

A 2002 document entitled, *Guidelines for Comprehensive Programs to Promote Healthy Eating and Physical Activity*, identified seven components that should be part of any local or state plan addressing chronic disease. Those seven components are 1-leadership, planning/management, and coordination; 2-environmental, systems, and policy change; 3-mass communication; 4-community programs and community development; 5-programs for children and youth; 6-health care delivery; and 7-surveillance, epidemiology, and research. Ottawa County's plan addresses all seven components, although this 2004 plan is weak in the health care delivery component.

As mentioned in the previous section, the plan includes health behavior objectives, intervention objectives, and system objectives. There are seven health behavior objectives including one objective on eating more fruits and vegetables, three objectives addressing physical activity, and there are three objectives addressing tobacco use among adults and

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children. There are five intervention objectives that address worksites, student snacking, community education, access to physical activity, and community programs. And, there are four system objectives addressing coalition development, evaluation, funding, and plan management. For each objective we have identified strategies and/or action steps necessary to achieve the objective. Eventually we will include evaluation measures, target group, key conveners, time frame, and possible barriers for each strategy and/or action step.

The plan is designed to be flexible. We anticipate minimal change in the health behavior objectives, intervention objectives, and system objectives over the next five to ten years. However, the strategies and action steps will likely change often.

Data Compiled and Reviewed

In the community health assessment, the OCHPC compiled four categories of information: 1) demographic data, 2) health status data, 3) community opinion information, and 4) community environment information.

Demographic data

We prepared a one-page description of Ottawa County demographics entitled, “Who Lives in Ottawa County? June 2003 Review.” Most of the information in this report is from the 2000 Census, and we used data from the Kansas Department of Education, Kansas Department of Human Resources, and from the city of Minneapolis website. The one-page description is attached.

Health Status Data

We prepared a three-page review of Ottawa County health status data entitled, “How Healthy are People in Ottawa County? 2003 Review.” This handout is attached. We compiled county-specific health data on death rates, hospital discharges, the local cardiac rehabilitation program, Years of Potential Life Lost, health behaviors, school sports participation, and on the WIC program.

Community Perceptions and Opinions

We prepared a one-page review of people’s perceptions and opinions about health issues. In this review we considered local media coverage of health topics and results of a community opinion survey administered to nearly 400 people in the county in 2000. The review is entitled, “What do People in Ottawa County Think? 2003 Review,” and it is attached.

Community Environment

The OCHPC asked one person in Delphos, in Minneapolis, and in Tescott to look closely at their community and answer questions about its neighborhoods, roadways, parks, businesses, schools, churches, and service clubs. The questions focused on nutrition and physical activity to determine the opportunities and barriers in the environment to living a healthy lifestyle in their communities. The major findings of these surveys are in the attached handout, “Can We Live a Healthy Lifestyle in Our Communities? 2003 Review.”

Terminology

We will use the phrase “chronic disease prevention” to describe nutrition, physical activity, and/or smoking cessation efforts.

Health Behavior Objectives

One outcome of the multi-agency working meeting in July 2003 was that participants identified the top three behaviors to focus on – eating, physical activity, and smoking. Our health behavior objectives address these three behaviors. Local agency and health program directors have approved the objectives listed below.

Monitoring our progress toward achieving these objectives will happen yearly with support from KDHE epidemiologists using results from the KS Behavior Risk Factor Surveillance System data (BRFSS). We can also use data from our participant evaluation forms to track our progress toward these health behavior outcomes.

Nutrition

By 2010, increase from 34% to 40% the percentage of Ottawa County residents who eat five or more fruits and vegetables a day.

(Baseline data source: 2000 KS Behavior Risk Factor Surveillance System (BRFSS) data that includes Clay, Cloud, Dickinson, Ellsworth, Jewel, Lincoln, McPherson, Mitchell, Osborne, Ottawa, Republic, Russell, and Smith counties. Catima Potter, KDHE epidemiologist, generated regional data reports for us. Special Note: The 2000 state average for this data piece was 25%. Goal source: The upper 95% confidence interval from this same BRFSS data report.)

Physical Activity

By 2010, increase from 71% to more than 77% the percentage of Ottawa County residents who do any physical activity other than their regular job.

(Baseline data source: 2002 KS BRFSS data that includes Clay, Cloud, Dickinson, Ellsworth, Jewel, Lincoln, McPherson, Mitchell, Osborne, Ottawa, Republic, Russell, and Smith counties. Catima Potter, KDHE Epidemiologist, generated regional data reports for us. Special Note: The 2002 state average for this data piece was 77%. Goal source: The upper 95% confidence interval from this same BRFSS data report.)

By 2010, increase from 45% to 53% the percentage of Ottawa County residents who meet the recommended level of physical activity, which is 30 minutes per day at least 5 times per week or 20 minutes per day for at least 3 days of vigorous physical activity.

(Baseline data source: 2001 KS BRFSS data that includes Clay, Cloud, Dickinson, Ellsworth, Jewel, Lincoln, McPherson, Mitchell, Osborne, Ottawa, Republic, Russell, and Smith counties. Catima Potter, KDHE Epidemiologist, generated regional data reports for us. Special Note: The 2001 state average for this data piece was 44%. Goal source: The upper 95% confidence interval from this same BRFSS data report.)

By 2010, increase from 32% the percentage of people in Ottawa County who participate in recommended levels of vigorous physical activity.

(Baseline data source: November 2000 Behavioral Risk Factor Surveillance System survey conducted in Ottawa County by Mark Herring Associates, Inc. as part of a regional health assessment sponsored by the Sunflower Health Network. Special Note: The 2001 KS BRFSS state average for this data piece was 23.4%. Goal source: No specific measure.)

Smoking

By 2010, decrease from 23% to 15% the percentage of people in Ottawa County who currently smoke.

(Baseline data source: November 2000 Behavioral Risk Factor Surveillance System conducted in Ottawa County by Mark Herring Associates, Inc. as part of a regional health assessment sponsored by the Sunflower Health Network. Special Note: The 2002 KS

BRFSS state average for this data piece was 22%. Goal source: Healthy Kansas 2000 report.)

(Baseline data source: 2003 Communities That Care (CTC) Survey data.)

(Baseline data source: 2003 Communities That Care (CTC) Survey data. Goal source: unknown.)

We use the term intervention broadly, and it refers to chronic disease prevention programs or services. For example, in our definition, an intervention could be writing newspaper articles, working with schools to have healthy food choices available at the concession stands for school sporting events, implementing the Sr. K-State program, offering smoking cessation classes, maintaining and marketing the outdoor walking and bicycling trail between Minneapolis and Bennington, or offering classes at the Wellness Center.

The objectives listed below address programs and services that the health agency and program directors identified as priority at the multi-agency working meeting in July 2003. We also include objectives that address the important existing programs and services.

The interventions, strategies, and action steps proposed in this plan are research-based considering the existing body of research in the areas of improving nutrition, increasing physical activity, and stopping smoking.

By December 31, 2004, a pilot worksite wellness program will be ready to launch in early 2005.

The Ottawa County Health Center is the only employer in the county with an employee wellness program. Some of the components to their program include paid break time if exercising, fitness assessments, financial rewards for exercising regularly and/or improving personal fitness level, and access to in-house nutrition and fitness classes.

At the July 2003 working meeting, agency and program directors decided that worksites should be a priority intervention area because of the high number of adults we could reach and the convenience of working with this population. In addition, according to the *Guide to Community Preventive Services*, a publication that includes a list of proven-effective, research-based physical activity interventions, workplace interventions are an example of providing social support in community settings and are proven to get people to be more physically active.

- Draft a framework for a worksite wellness program that could be implemented and managed in multiple worksites.
- Review framework with C.A.T.C.H Committee and local employers. (Meet with Yvonne Martin and Mark Freel to find out who should review the framework and/or serve on an advisory committee. Consider sending a postcard survey to businesses to assess interest.)

- Create an advisory committee for worksite wellness program.
- Develop a detailed 12-month worksite wellness plan.
- Develop an evaluation plan.
- Build awareness of worksite wellness plan.
- Pilot the program in a small and large worksite.
- Market and enroll employers in the program.
- Launch the program.
- Maintain the program.

Worksite Objective Evaluation

This objective will be achieved if the pilot is ready to launch. We will use the Intervention Record and System to measure this objective.

We will also develop an evaluation plan as part of developing the pilot program.

Priority - Student Snacks

By May 2005, there will be healthy food choices in the concession stands school sporting events during the Fall, Winter, and Spring sport seasons in Bennington, Minneapolis, and Tescott schools.

During the July 2003 working meeting with agency and program directors, people generated several program ideas that focused on improving the food choices among children and youth. Rather than choosing one idea as a priority, the group decided to identify student snacking, and primarily food choices outside the home, as an area to focus on and ensure that healthy choices were available.

Although improving the nutritional value of food choices at the concession stands of school sporting events is not a proven-effective or research-based intervention, this intervention strategy does help create an environment that promotes and supports behavioral change. And, environmental support is one of seven components in the *Guidelines for Comprehensive Programs to Promote Healthy Eating and Physical Activity* document.

Student Snack Objective Action Steps

- Work to incorporate healthy food choices at concession stands during school sporting events. We will encourage the schools to offer more fruit and vegetable choices.
- Build awareness of healthy food choices at concession stands.
- Identify other student snack venues to improve food choices. (Examples: school vending machines, school and other youth-program fundraisers, school lunch a la carte choices, snacks at after-school programs, classroom snacks, school program snacks, or snacks at home.)
- Choose one snack venue to focus on.

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Student Snack Objective Evaluation

This objective will be achieved if healthy food choices are available at concession stands during all three sport seasons and in all three county schools. We will use the Concession Stand Evaluation to measure this objective.

By May 2004, finalize the Concession Stand Evaluation to track concession stand food sales.

Starting in December 2004 we will produce an end-of-sports-season Concession Stand Activity Report that includes evaluation data.

Priority – Community Education

By December 31, 2004 have 100 education and/or awareness hits on nutrition, physical activity, tobacco cessation, and other heart disease risk factors.

Education is an essential component of any campaign to change behavior and improve health. Under this priority objective we will work to educate people in Ottawa County about eating healthfully, being physically active and tobacco-free, and other heart disease risk factors.

Community Education Objective Strategies

- Utilize all media venues in the county. (Examples: newspapers, local access television, Extension newsletter, U.S.D. 240 newsletter, city newsletters, Walk'n Wheel newsletter, and OCHPC newsletter.)
- Build awareness of the C.A.T.C.H. Committee and its work.
- Talk with community groups about the comprehensive, countywide heart disease prevention plan.
- Participate in four national events. (National Family Health & Fitness Day, Red Dress Project, Great American Smokeout, National Employee Wellness Day)
- Hold health education sessions. (Examples: Tar Wars, Extension programs, Healthy Mothers Healthy Babies, or health center employee nutrition education classes.)

Community Education Objective Evaluation

This objective will be achieved if we have at least 100 media hits. We will use the Heart Disease Prevention Media Hits tracking system to measure this objective.

The system tracks number of hits, monitors article or ad date and content, media outlets used, and circulation of various media outlets.

Produce an activity report for each major education event that includes evaluation data.

Important – Access to Places for Physical Activity

By December 31, 2004, offer three community places that encourage people to be active.

In order for people to be successful in changing their behavior, we must create an environment that supports their efforts. For physical activity this means having facilities, indoors and outdoors, that allow people to be active. Ottawa County is fortunate to have a high-quality indoor fitness center, an outdoor walking and bicycling trail, and walk-friendly neighborhoods. However, these facilities must be preserved and new opportunities should continually be available.

This intervention is proven-effective. According to the *Guide to Community Preventive Services*, a publication that includes a list of proven-effective, research-based physical activity interventions, creating or improving access to places for physical activity is strongly recommended as a way to increase physical activity.

Access to Places for Physical Activity Objective Strategies

- Maintain and promote the Wellness Center.
- Maintain and promote the Walk'n Wheel Trail.
- Create, sustain, and promote after-school fitness programs.
- Identify other places to create, sustain, and promote. (Examples: marked, mini-routes in county towns, open school gyms, Markley Grove fitness route, etc..)
- Choose another place to work on.

Access to Places for Physical Activity Objective Evaluation

This objective will be achieved if there are three community places for people to be physically active. We will use the Intervention Record and System to measure this objective.

We will use the participant evaluation form and Intervention Record to evaluate the Wellness Center classes and membership.

We will use the Intervention Record to evaluate the Walk'n Wheel Trail. And, we will develop a tool to evaluate the use of the trail.

We will do a systematic review of previous after-school fitness programs and conduct an interest survey to determine how to create a sustained after-school fitness program. Once in place we will use the participant evaluation form and Intervention Record to evaluate.

Produce an activity report for each major place to be physically active and include evaluation data.

Important – Community Programs

By December 31, 2004 offer five community programs that help people eat healthy foods, be physically active, and be tobacco-free.

Community programs can provide the motivation, opportunity, and/or skills to be healthy. The local agencies offer several high-quality, tailored community programs for people in Ottawa County.

Community programs is one of seven components in the *Guidelines for Comprehensive Programs to Promote Healthy Eating and Physical Activity* document. According to this document, the community programs should teach people healthy living skills, provide a supportive environment, be accessible and affordable, and eliminate disparities.

Some of the strategies in this objective are proven-effective according to the *Guide to Community Preventive Services*, a publication that includes a list of proven-effective, research-based physical activity interventions. For example, our walking and bicycling club is a type of social support that is strongly recommended in the *Guide to Community Preventive Services*.

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Community Programs Objective Strategies

- Sr. K-State
- Master Food Volunteer Program
- Smoking Cessation class
- Walk'n Wheel Mileage Club
- Move N Play luncheon

Community Programs Objective Evaluation

This objective will be achieved if there are five programs offered to people in Ottawa County in 2004. We will use the Intervention Record and System to measure this objective.

We will use the participant evaluation form to evaluate the strategies

Produce an activity report for each strategy and include evaluation data.

System Objectives

During the multi-agency meeting of health agency and program directors in July 2003, participants decided to work on developing an integrated system of heart disease services and programs. Exactly what this looks like is not perfectly clear. Our attempt to start this process is outlined in this part of the plan.

Coalition Development

By December 15, 2004, maintain and promote a community-based coalition on heart disease prevention.

Coalition Development Objective Strategies

- Identify an agency that will provide staff support for the coalition.
- Develop a name and purpose statement.
- Develop a meeting schedule and distribute minutes.
- Promote the coalition.
- Recruit and retain members.
- Involve coalition members.
- Develop coalition-sponsored activities.

Plan Management

By December 31, 2004, the heart disease prevention coalition will approve the 2005 comprehensive, countywide heart disease prevention plan.

Plan Management Objective Strategies

- Identify a lead agency to coordinate the plan.

- Use subjective and objective data to make decisions about objectives and strategies in the plan. (Examples: state and local health data, community opinion information, and evaluation reports, etc.)
- Review and modify the plan annually.

Evaluation

By November 30, a 2004 countywide program evaluation report will be written including recommendations for the 2005 comprehensive, countywide heart disease prevention plan. Monitoring reports will be produced quarterly to track progress.

Evaluation Outcome Objective Action Steps

- Identify a lead agency responsible for evaluation.
- Develop a schedule for implementing the program, class, and event evaluation.
- Finalize and use the participant evaluation form – a standard evaluation form for use in all agency programs, classes, and/or events.
- Finalize and use the Intervention Record and System – a standard evaluation form for use in all agency programs, classes, and/or events.
- Work with school contacts to finalize and use the Concession Stand Evaluation.
- Finalize and use the evaluation form for the Walk'n Wheel Trail.
- Finalize and use the outcome evaluation forms/questions.
- Create activity reports for each major project or event in this plan.
- Administer a community survey that includes questions to measure awareness of education and policy efforts.

Funding

Funding Outcome Objective

By July 1, 2004, have dedicated funding to implement the 2004 Ottawa County comprehensive, countywide heart disease prevention plan.

Funding Outcome Objective Strategies

- Develop a budget for the intervention and system objectives. Because this plan includes work from several agencies, we are not developing a comprehensive budget this year. We do anticipate needing a ¾-time person to manage the plan including developing and implementing some interventions and conducting the evaluation. In the first three months of 2004, we will estimate supply costs for the interventions.
- Share existing resources among agencies.
- Identify possible funding sources for plan. (Kellogg Foundation, General Mills, KDHE CDRR, etc.)
- Apply to well-matched potential funders.